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NURSING ON HOSPITAL SHIPS

Ships used for hospital purposes date back hundreds of years, as early as 450 B. C. we find records of ships used for hospital purposes, in the Athenian Fleet.

The ships were a far cry from the floating hospital ships of the present U. S. Navy Mercy Fleet. Yes, even the old "Red Rover", a wood burning side wheeler one of the well known ships used by the North in the war between the states, to transport patients up the Mississippi River to the Northern hospitals was considered the last word as a hospital ship in that day.

Ships merely for transporting patients were used in the Spanish American and World War I.

Adequate care of the health of the men at sea was an idea developed through the centuries. Now we know that the best medical attention we can give is not only humanitarian but practical. It prevents the spread of disease, restores men to service, and maintains morale. The slogan of the Medical Department does not sound only in words, "To Keep as Many Men at as Many Guns as many Days as Possible," it has been shown in the performance of duty of the Medical Department aboard ships in peace and war.

The need for a ship to be actually a floating hospital had long been recognized by all countries. However, it was not until 118 years after the Medical Department and eight years after the Nurse Corps was established as a part of the Regular Navy that the construction of a ship designed solely as a floating hospital was authorized by Congress - 1916.

The U.S.S. Relief or the "White Lily" as she was called was the first of its kind to join the fighting fleet of the Navy and follow it into all waters.

This ship was unique - as she had twelve women aboard, 12 nurses - the only women to be in the U. S. Fleet.

The duties of these 12 women was varied, just as in any general hospital, for that is what the relief was - the floating hospital for the Fleet.

The Navy Nurse must be an instructor and administrator as well as a skilled professional in the Nursing Arts. For at sea, as in shore hospitals, hospital corpsmen are taught the care of the sick and wounded. A nurse is in charge of each department, responsible to the doctor for the care of his patients. She manages the Wards, Operating Rooms, Special Diet Kitchen, E.E.N.T. and other special departments, at the same time instructing the Corpsmen who work with her.

The Hospital Corps prior to World War II had a nine months course in theory and practice in a Hospital Corps school in the States. They were then sent to a Base Hospital for an apprenticeship, prior to foreign or sea duty. It is the Nurse's responsibility to see that these Corpsmen are well trained in Nursing, for they will eventually

be ordered to War Ships, and bases where it is not considered feasible to have Navy Nurses. Aboard a hospital ship they have the opportunity to see and learn by caring for illnesses and casualties, under the supervision of a trained nurse.

Some of the best experience for the future occurred during the cruise of the U.S.S. Relief on the last Fleet Maneuvers held prior to World War II, in the spring of 1940. This was a long cruise for the ship, she was away from her anchorage at San Pedro, Calif. the home port of the Fleet for over one year. The Relief stayed with the Fleet and took part in the war maneuvers.

It was not unusual to get a radio message from one of the ships day or night that a man needed emergency treatment. If we were underway, a rendevous would be arranged by radio, and the patient taken aboard at sea. One I remember very well - the message came from a destroyer - "Man with pulmonary hemorrhage - hospitalization necessary." The rendevous was arranged. In the meantime preparation was made, all equipment and personnel ready when the patient was taken aboard. Expert medical attention including X-ray, laboratory, oxygen tent, etc. were at his disposal.

To take such a patient aboard at sea was quite a trick. The patient was secured in a stokes stretcher, at either end lines were secured, by whip hoist he was swung up and aboard the hospital ship. There was no unnecessary handling or jostling of the patient. The medical officer was on deck to receive him, he was immediately carried to the ward in the same stretcher and placed in a bunk. For if he needed an X-ray it could be taken by portable in the ward. As a result of such rapid removal to the Hospital Ship and prompt treatment,

many a day of illness, and many a man was saved to serve the Navy.

It was not unusual to receive messages to prepare for cases of accidental gun shot wounds, fractures, asphixiation burnes or communicable diseases. What ever was needed the hospital ship was well prepared and ready to furnish.

All Navy ships have facilities for caring for the sick and wounded the large ships have excellent facilities. But when a patient needs particular care, X-ray, laboratory studies, treatment that may last over a period of time he is always sent to the Hospital Ship.

An infectious or communicable disease could cause havoc on a man of war, if allowed to run through the crew causing an epidemic. The hospital ship has facilities for isolation and it is much better to send these cases to the Hospital Ship rather than taking a chance of it becoming an epidemic - we all know how true it is, "An ounce of prevention is worth a pound of cure."

Food is an important item, special diets would be difficult to prepare on one of the other ships. But the Hospital Ships have a Special Diet Kitchen, managed by a Navy Nurse who is a Dietitian. She can furnish a diet - be it Sippy - Ketogenic or High Calorie in this Special Diet Kitchen just as well as it would be prepared in a base hospital ashore.

Physio and hydrotherapy are also available. This is another case where a man needing such treatment would be a loss to his ship if he had to take time to go to a base hospital for these treatments. Whereas many a man can come aboard for treatment, just as an out patient in a base hospital. Anotherexample of conservation of time and expense.

The dental department never wanted for patients. Many a man might

have had to leave his duties with the fleet because of the need of dental treatment if it had not been for this well equipped department. The prosthetic laboratory was as well equipped as any dental center. The dental technicians were always well occupied repairing and making needed bridges and plates. The majority of these patients were treated as out patients, so did not miss a day of duty.

The Eye, Ear, Nose and Throat Dept. was well equipped with the latest machines and instruments. Refractions, routine eye exams, bronchoscopies, tonsillectomies, submucous resections were daily treatments and operations. We thought nothing of doing ten to twelve tonsillectomies in a morning, and in the afternoon, have bronchoscopies or eye operations. As many as twenty refractions would be done in a morning. There was no work too delicate to do. This was always a busy department and a most interesting one.

The Operating Rooms were prepared to handle any surgery. A competent nurse, and anesthetist instructed the Corpsmen in scrubbing, and assisting in surgery, preparation of supplies, selection and care of instruments.

The need for a Nurse skilled in psychopathic nursing is one of the necessities. Even the all recruits are given a thorough examination, and put through "boot" training camps, many a boy on going to sea, cannot adjust to the different life or is upset by worries at home, causing interferrence with performance of duty, others are just mentally ill or as we express it, "real psycho cases." Patients are sent aboard for consultation, and treatment if needed. Many a case after having consultation with the Psychiatrist and proper understanding by those

in attendance on the wards, can return to duty. It is most important that the Corpsmen have the instruction in proper treatment and care of these cases and able to understand the problems that may arise. The Nurses on these wards all trained in Nursing care of the Mentally ill - most have had a post-graduate course in Neuro-psychiatry. Treatments such as insulin therapy, Sodium amytal, metrozol, cold packs, sedative tubs, are used when indicated.

While working with the fleet during this period many things were learned which were of value to us during World War II. While on fleet maneuvers we worked under battle conditions, learned how to evacuate the patients and abandon ship with speed and accuracy. We traveled "blacked out", and one thing learned from this was the necessity of being able to have the lights on at all times if needed in the Wards, which were located off the upper decks. At first lights were fixed so they would go off when the doors were opened, but this just wouldn't work for one might be in the act of giving an intravenous, measuring medicine or performing some intricate service for the patient. All entrances to wards then were made inside, and black out ventilators placed in the port holes at sundown, enabling us to have all lights on after dark.

We also carried on the Relief a field hospital unit for landing with an expeditionary force or for any aid when a hospital would be needed ashore. Personnel for this unit were assigned from the ship. This unit was set up in Pearl Harbor during maneuvers, and it was good experience, for most of the personnel that set up this unit were attached to a similar unit during the post war.

Many a person during this war asked what we did on hospital ships during peace time? My answer is what do you do daily in a general hospital? That is your answer.

World War II found us with two hospital ships, the U.S.S. SOLACE, a converted ship was added to the Pacific Fleet in the fall of 1941. The Relief came to the Atlantic at that time. Not until the first of 1944 did we have more hospital ships, the USS Bountiful, Samaritan and Refuge were added. There were four in the Pacific and one in the European area. By the end of the war, we had 17 hospital ships.

To tell you of the Nursing on a Hospital Ship in War Time, it can best be related by the one I was aboard, the U.S.S. Samaritan or the "Sammy" as we called her. This ship served with the invasion forces for three trips to Saipan, 1 to Guam, 1 to Pelelieu - 3 to Iwo Jima and 5 to Okinawa, beside being the base hospital for awhile at Ulithi in the Carolinas.

The war brought the Hospital Ship right into the fight. At Iwo Jima, the Samaritan lay within one mile of shore. It was here the ship was hit, fortunately the shell did not explode, for the ship was loaded with patients, work carried on as usual. Patients were brought in as soon as 30 minutes after injury. Cases were mainly fractures, chest, abdominal and head injuries, burns rare. The weather was quite cool, as a result many were treated for shock.

The patients were unloaded right at the gangway placed on the after well deck, where medical officers assigned to the embarkation duty, checked the patients for conditions and type injury. He was assigned and tagged for a ward, lower or upper bunk or surgical bed as condition indicated, and taken directly there by waiting stretcher

bearers. If X-ray was imperative and not contra-indicated at the time, he was taken directly by the X-ray department to eliminate further handling.

When he arrived at the Ward, clothing was removed, he was checked for hemorrhage, shock and etc. - then placed in the bunk. If he was in shock, he was given plasma followed by a liter of dextrose. We had plenty of fresh blood sent by air from the states, it was used to good advantage. The doctor had to depend on the judgment of the Nurses in many of the emergency treatments. He was notified of any patient that needed treatment expedited, otherwise we had a routine to follow in each kind of case. The Nurses and Corpsmen gave all the blood and plasma.

We got the patients bathed and cleaned up as soon as possible for this we found was more comforting than drugs in many cases.

There were 3 large Operating Rooms, one for Orthopedic, one for Chest and Abdominal and one for EENT surgery. Two rooms were converted into O.R. rooms, where wounds were debrided and dressed with sulfanilimide crystals and vaseline gauze applied.

All fracture cases had casts applied and in case of femur fractures pins were inserted.

Okinawa gave us many burns, these patients were most uncomfortable and it was a job to keep their moral up. Vaseline gauze was used on the body, penicillin ointment or vaseline on the face. These patients were usually in shock and dehydrated. They needed plenty of plasma, a high protein intake and rest.

Feeding was quite a problem, so many on all wards were helpless. Feeding takes time and many people. We assigned ambulatory patients to help us feed.

Also a patient was assigned as "WaterBoy" in each ward, it was his duty.

to make the rounds - every hour - give the patients water. He was taught to record the amount taken when it was required. The ambulatory patients were really a life saver to us, for one felt six hands were needed rather than two.

Beside the nursing, records had to be kept. We simplified that part very quickly - unless it was an unusual case, all record was kept on the T.P.R. sheet. This worked out quite well.

When we were loaded to capacity, another hospital ship moved in and we moved out with our load to Guam or Saipan. For since all services, Army, Navy, Marine, Coast Guard and Merchant Marine were carried on our ships, it made no difference to which hospital they were sent.

During this trip back, we had time to clean the patients thoroughly - all in which it was not contra-indicated - were given a shampoo before we got into port. All casts changed, had them in 4.0 condition when we sent them off to the hospital ashore. 9,500 cases were carried on the Samaritan with less than 1% mortality.

One of the Nurses additional duties was that of the Red Cross worker, aided by our two chaplains. By working directly with the patients we learned many worries and troubles the boys had that they might not have otherwise expressed. They felt free to talk and discuss with us the problems confronting them. Many of these could be quietly solved without the patient giving much thought to the fact he was discussing it with us.

The nurses, clean and neatly groomed looked good to these boys. No matter if one looked like Emmy Schmatz - to these boys, fresh from the mud and dirt, to see a clean American woman in a crisp white uniform did alot for their morale. But the Nurse must have a good, untiring sense of humor to match the wits of the lads - injured or not.

Many things can be said of the value of the hospital ship to the fleet. One outstanding fact is the effect on morale of having the Hospital Ship with the fleet. The feeling that here is a haven in case of sickness or injury when far from home, gives comfort and encouragement to men and officers alike.